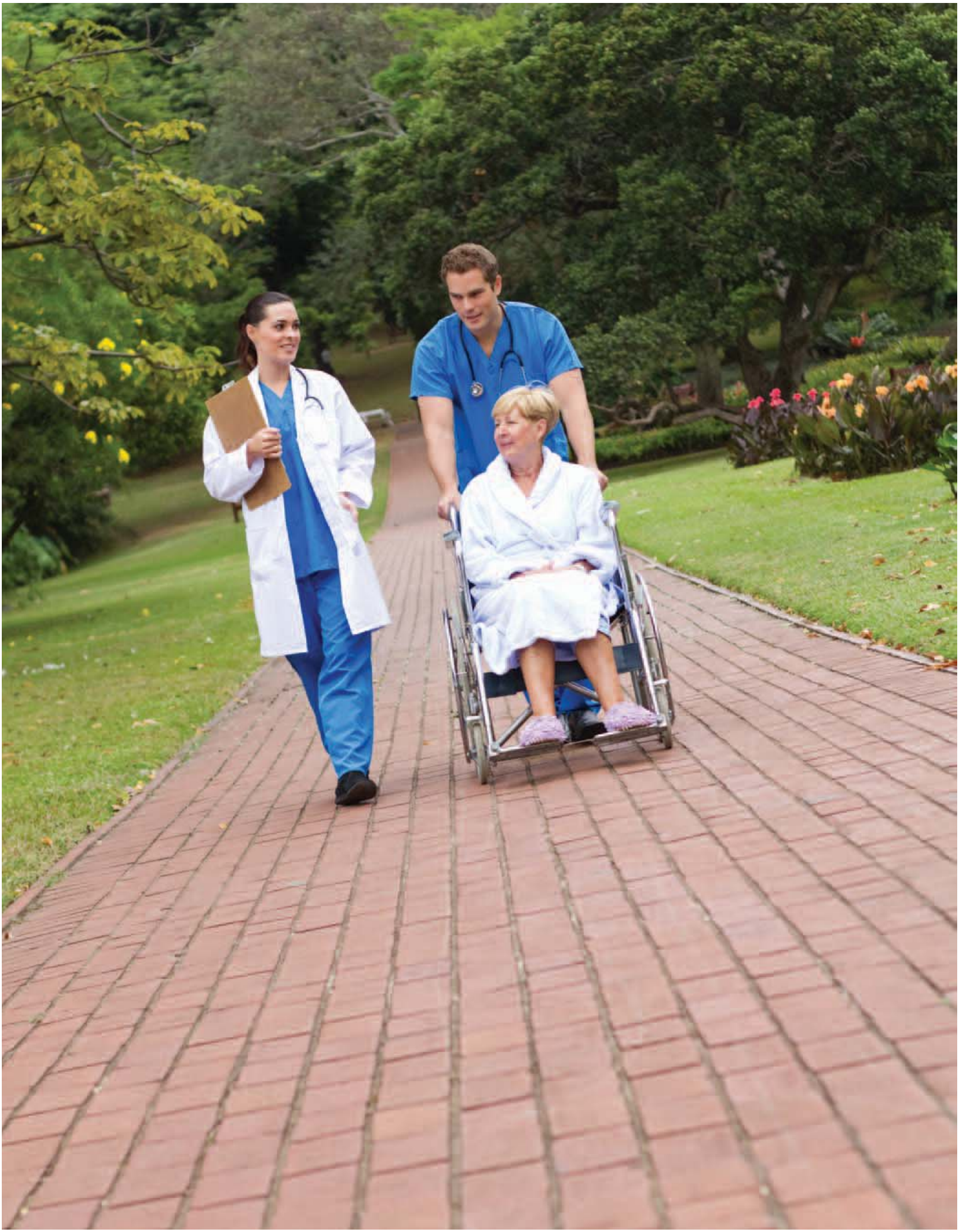


Nursing jobs in nursing homes

Whether celebrating a resident's 100th birthday or just making rounds through the nursing home, Sue Christian loves her job. "When a resident smiles and says, 'Oh, you're here, I'm glad to see you!' it's a great feeling," says Christian, who cares for older adults and other residents of a nursing home in Columbiana, Ohio. "I like to know that I've made a difference."

Christian is a licensed practical nurse who focuses on caring for older people. The need for workers like her is growing. According to the U.S. Census Bureau, the number of people ages 65 and older is expected to increase from 40 million to 72 million between 2010 and 2030. And the U.S. Bureau of Labor Statistics (BLS) projects that this increasing population will result in job growth for a variety of occupations related to caring for older people—such as those in nursing homes.

This article describes some of the career opportunities in nursing homes, highlighting nursing occupations. The first section gives an overview of work in nursing homes. The second section describes three nursing occupations that are available in nearly all of these facilities: nursing assistant, licensed practical nurse, and nurse assessment coordinator. The third section discusses working conditions, both good and bad. And a final section provides sources for more information.

Work in nursing homes

Nursing homes, also called nursing care facilities, are places of residence for people who require ongoing medical care and help with daily activities. Most, but not all, nursing home residents are older. And although many residents require long-term care, others may be discharged when their health improves. (Additional types of facilities that provide long-term care to older and other residents are described in the box on page 32.)

Projected growth

Birth rates in the United States increased dramatically in the two decades following World War II. This large population group is commonly known as the "baby boomers," and its oldest members are now turning 65. As the baby-boom group continues to age, older Americans will represent an increasing percentage of the total population. By 2030, Census Bureau data show, the 72 million people expected to be ages 65 and older will represent 19 percent of the U.S. population—up from 13 percent in 2010.

As mentioned previously, the growing number of older people heightens demand for workers to care for them, including in nursing homes. According to BLS data, employment in nursing care facilities is expected to grow more than 24 percent over the 2008–18 decade, much faster than the average for all industries. That's an increase of nearly 400,000 jobs over the decade.

And job opportunities are expected to be excellent. "I tell people, if you want a field with job security, this is it," says Genevieve Gipson, director of the National Network of Career Nursing Assistants in Norton, Ohio.

Ingrid Serio, director of content management at the American Association of Nurse

Elka Maria Torpey

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Nursing home workers serve residents who need ongoing care.

Assessment Coordination in Denver, Colorado, agrees. "We don't have a lot of nurses going into care for the elderly," she says—a good indicator of job security but a potential issue in providing care for a larger number of older people in the coming years.

Employment and wages

Nursing care facilities employed more than 1.6 million people in May 2009, according to BLS. The table below shows employment and wages for the 10 largest occupations in the industry. These occupations accounted for about 78 percent of total employment in nursing care facilities. Almost all of the occupations had an annual wage below the overall median of $33,190.

Employment. Workers who provide direct care make up the largest segment of the industry. Other workers help with facility management and upkeep.

In addition to the three nursing occupations described in detail in this article, most nursing home workers interact directly with residents. For example, occupational, speech, and physical therapists provide rehabilitative and therapeutic care. Recreation workers and activities staff help to organize events, such as bridge games and musical performances. Dieticians and nutritionists develop residents' dietary plans.

Nursing homes also employ workers who may have less contact with residents but are essential to operations. Nursing home administrators run the facility, ensuring that residents are safe and well cared for. Other workers prepare and serve meals to residents, clean rooms, and do laundry. And like most industries, nursing care facilities need workers who take care of basic business functions such as building maintenance and finance.

Wages. As the table shows, wages in nursing home occupations varied widely in May 2009, according to BLS. Some occupations, such as laundry and dry-cleaning workers, had relatively low wages. Others, such as registered nurses, had relatively high wages. Occupations with higher wages typically require more education than a high school diploma or

Occupations with the largest employment in nursing care facilities, May 2009

Occupation	Employment	Median annual wage
Nursing aides, orderlies, and attendants	609,440	$23,380
Licensed practical and licensed vocational nurses	212,990	41,310
Registered nurses	128,420	57,830
Maids and housekeeping cleaners	80,260	19,350
Home health aides	48,550	21,450
Food preparation workers	48,140	19,210
Cooks, institution and cafeteria	47,130	22,570
Recreation workers	33,510	23,510
Laundry and dry-cleaning workers	31,340	19,250
Food servers, nonrestaurant	31,100	19,410

equivalent—the usual minimum requirement for lower wage occupations.

Some high-wage occupations had higher wages in nursing homes than in other industries. Examples include occupational therapists, physical therapists, massage therapists, and speech-language pathologists. Across all industries, workers in these occupations had above-median wages, and they earned even higher wages in nursing homes.

In some low-wage occupations, too, wages were higher in nursing homes than in other industries. For example, combined food preparation and serving workers in nursing homes had a median annual wage of $18,930, compared with $17,220 for these workers across all industries in May 2009.

Profiles in nursing

Workers in nursing occupations provide direct care to residents and communicate with them and their families about this care. These workers may have different job titles and responsibilities, but all of them operate as a team.

People who work directly with nursing home residents usually have certain personality traits—including patience, tact, and sensitivity—that help them do their jobs. Having knowledge of or experience in working with older people is also helpful, and some employers may even require it.

Other requirements are imposed by Federal, State and local governments. Nursing homes and their employees are often subject to specific laws and regulations, in part to ensure the quality of care that residents receive. Nursing occupations usually require State licensure or certification.

Three types of direct-care jobs in a nursing home include nursing assistants, licensed practical nurses, and nurse assessment coordinators. Sometimes, these workers' tasks overlap, but each has a distinct role in providing or ensuring quality care for residents.

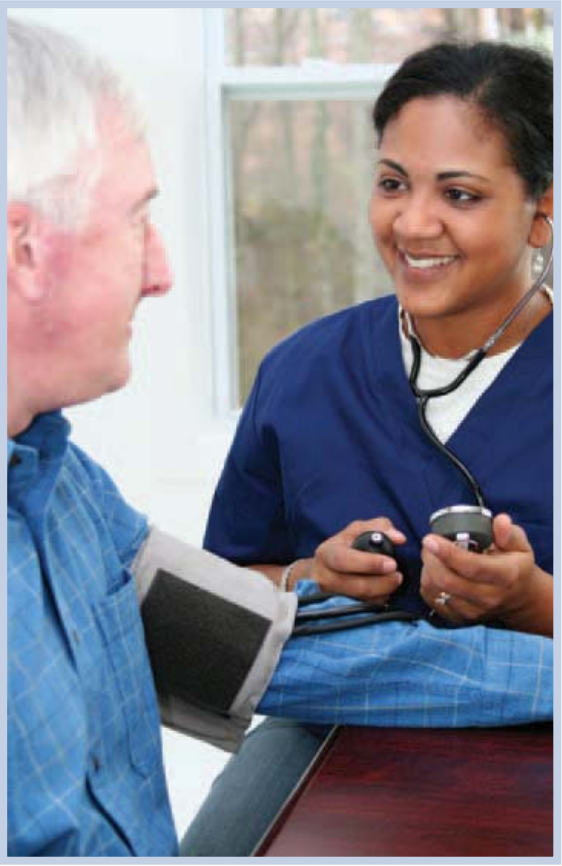
Nursing assistants

A nursing assistant is often the first person nursing home residents see in the morning—and the last one they see at night.

Nursing assistants help residents with daily living activities. Common tasks include feeding, bathing, and dressing residents and helping them to get around. These workers assist residents with hygiene and personal-care activities, such as washing hands and combing hair.

The nursing assistant also observes residents' response to treatment and care, documents their food and fluid intakes, and monitors their vital signs, such as blood pressure and pulse. And they report changes and any health concerns to the nurse on duty.

There are many different job titles for nursing assistants. Examples include nurse aide, certified nursing assistant, and orderly. Michael Watkins, whose title is orderly, is a nursing assistant in Rocky Hill, Connecticut. He works a variety of shifts—sometimes starting his day in the morning, other times working throughout the night. Occasionally, he works double shifts when his nursing home is short-staffed.



Monitoring vital signs is one of the tasks performed by nursing assistants.

When working a morning shift, Watkins begins his day by visiting each of the residents in his care. He asks how they're doing and how they slept, then talks to them about what tasks he's there to perform. Usually, he helps people get from their beds to the bathroom, possibly into the bath or shower. He also lays out their clothes and aids them in getting dressed.

The type of assistance Watkins gives each resident depends on the resident's capabilities. Some residents might need help bathing or eating, for example; others require assistance only to go from one place to another.

During his night shifts, Watson turns and repositions the sleeping residents who would otherwise develop pressure sores from staying in the same position too long. He also checks on residents every few hours throughout the night to make sure they're comfortable. Nursing assistants also help bring residents to therapy sessions, to common areas for meals, and to other nursing home activities—including spiritual ones. "We're dealing with the total person," says Watkins. "If someone needs to go to Mass, church, or temple, for example, we'll go with him."

While caring for residents, Watkins tries to socialize with them, too. But he might have 8 to 14 residents per shift to attend to, so his time with each person is limited.

Nursing assistants ensure that residents are comfortable, help them with daily tasks, and socialize with them.



Ensuring resident safety is also part of the work. Residents with dementia, for example, sometimes wander or aren't aware of what they are doing. "A resident might try to eat something that's not food," says Watkins, and it's his job to make sure that doesn't happen.

Nursing assistants may choose to specialize in a particular type of resident care. Medication aides, for example, administer certain kinds of medications; restorative aides assist residents with skills such as range-of-motion exercises, walking, or dressing with one hand. Other specialty workers include bathing aides, dining assistants, and hospice aides.

Employment, outlook, and wages. BLS classifies nursing assistants under the job title of nursing aides, orderlies, and attendants. In May 2009, there were more than 1.4 million workers in this occupation, more than 609,000, or 42 percent, of whom were employed in nursing care facilities. In fact, nursing assistant was the largest of all nursing home occupations, making up about 37 percent of total employment in the industry.

The job outlook for nursing assistants is expected to be excellent. BLS data show that employment in this occupation is projected to grow faster than the average for all occupations over the 2008–18 decade. Many openings are expected to come from these newly created jobs. Other opportunities, however, will come from the need to replace workers who leave the occupation.

BLS wage data show that nursing aides, orderlies, and attendants in nursing care facilities had a median annual wage of $23,380 in May 2009, compared with $24,040 for these workers across all industries. The highest earning 10 percent of nursing assistants in this industry had an annual wage of $32,280 or more. The lowest earning 10 percent had an annual wage of $17,390 or less.

Education and training. Training requirements for becoming a nursing assistant vary by State and by employer. All nursing assistants who work in nursing homes must be on a State registry. Each State has different



Responsibilities vary, but nursing home workers operate as a team in caring for residents.

guidelines for being listed on the registry, but all call for nursing assistants to complete State-approved training and competency requirements.

Training is offered at some high schools, as well as at vocational-technical schools, community colleges, and nursing homes. State boards of nursing maintain information about approved programs. Workers also learn some of their skills on the job and through in-service training provided by their employer.

After they are listed on a State registry, nursing assistants may be referred to as certified nursing assistants, licensed nursing assistants, or similar titles.

Licensed practical nurses

Licensed practical nurses care for residents in many ways. Their tasks may include providing bedside care or increasing residents' personal comfort.

These workers, who in some States are called licensed vocational nurses, tend to residents' health under the direction of doctors and registered nurses. They monitor residents' well-being and administer treatments and medications, such as dressing wounds and dispensing prescribed drugs. Licensed practical nurses also communicate with other health-care team members regarding residents' care.

Licensed practical nurses in nursing homes often supervise nursing assistants. Christian, for example, is a nurse aide supervisor who oversees the work of all nursing assistants in her facility. Other licensed practical nurses at her nursing home are assigned to particular groups of residents—and nursing assistants often turn to these nurses first with questions about residents in those groups.

Although Christian is concerned with residents' well being, her primary focus is on the nursing assistants and the work they are doing. "I look in on residents," says Christian, "but I'm checking to be sure that the aide is doing the job correctly. I go from room to room, looking over the residents to see: Is their hair combed? Are they dressed properly? Are their glasses clean?"

Christian handles any staffing issues that arise. For example, if a resident has the flu, Christian might ensure that the aide assigned to that resident receives extra support to

accommodate the additional time needed to care for the sick resident. She also has administrative and managerial tasks, such as creating work schedules, providing training, and hiring and, if necessary, terminating nursing assistants.

Most licensed practical nurses in a nursing home work closely with nursing assistants, and some of their job tasks are similar to those of nursing assistants. For example, some licensed practical nurses help to bathe or feed residents.

Licensed practical nurses also create and update resident care records, documenting any changes in residents' conditions. Some help to develop resident care plans.

Communicating with residents' families is another part of a licensed practical nurse's job. For example, these nurses might educate residents and their families on health-related topics, such as self-care techniques. Or they might address family members' problems or concerns.

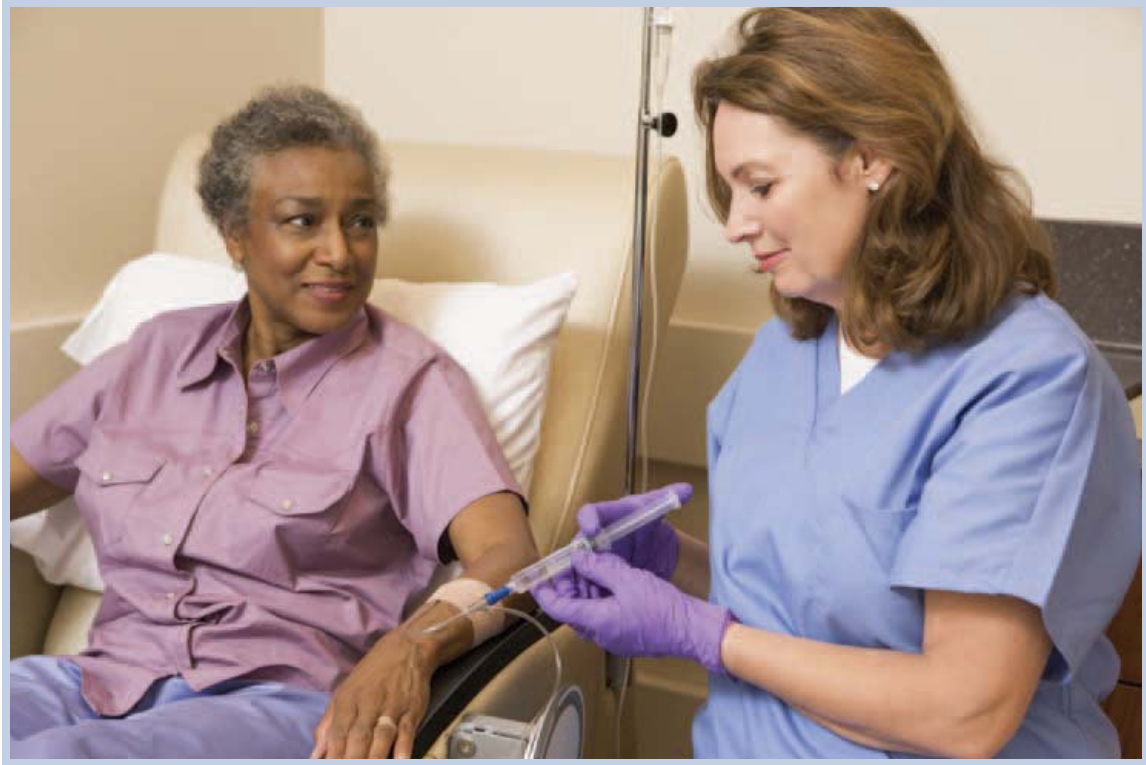
Sometimes, licensed practical nurses specialize in a particular type of care. Before becoming a supervisor, for example, Christian worked in rehabilitation. As is the case with nursing assistants, specialization for licensed practical nurses often leads to advancement in the occupation.

The extent of a licensed practical nurse's duties is determined by the State in which he or she works. In some States, for example, licensed practical nurses administer certain medications or start intravenous therapy, or IVs. Recognizing the additional training that licensed practical nurses get, State regulations generally allow these nurses to perform more complex tasks than nursing assistants.

Employment outlook, and wages. In May 2009, BLS data show, there were about 213,000 licensed practical nurses and licensed vocational nurses employed in nursing care facilities. They accounted for nearly 30 percent of the occupation's nearly 729,000 workers.

The job outlook for licensed practical nurses is very good. BLS expects much faster than average growth of employment of licensed practical and licensed vocational nurses over the 2008–18 decade. As with nursing assistants, some openings will result

In certain States, licensed practical nurses may administer some medications or start IV therapy.



from the creation of these new jobs, and some will arise from the need to replace workers who leave the occupation.

According to BLS data, the May 2009 median annual wage for licensed practical nurses in nursing homes was higher than that for the occupation across all industries. In nursing care facilities, licensed practical and licensed vocational nurses had a median annual wage of $41,310, compared with the median wage for all licensed practical and licensed vocational nurses of $39,820. The highest paid 10 percent of licensed practical and licensed vocational nurses in nursing care facilities had an annual wage of $55,890 or more. The lowest paid 10 percent had an annual wage of $31,410 or less.

Education and training. All licensed practical nurses must be licensed by the State in which they work. For licensure, every State requires that workers complete an approved training program and pass an exam, although specific requirements vary by State.

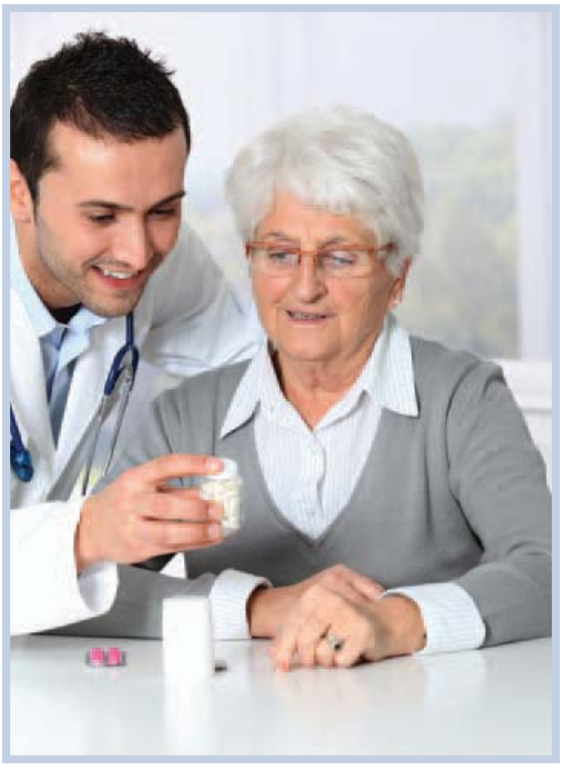
Training programs for licensed practical nurses typically last about 1 year and are offered at vocational-technical schools and community colleges. State boards of nursing provide a list of accredited programs.

Employers may require additional qualifications. To work in nursing homes, for example, prospective licensed practical nurses may need previous experience in dealing with older people.

Nurse assessment coordinator

Ensuring quality care in a nursing home is the goal of nurse assessment coordinators. These workers manage procedures to evaluate residents' care. The process helps to confirm that each resident receives appropriate services and attention.

Nurse assessment coordinators are more commonly known as MDS coordinators because their work revolves around the MDS, or Minimum Data Set, a standardized tool for assessing residents' care. The MDS assessment process measures the physical and emotional well-being of all nursing home residents when they are admitted to the facility and



Licensed practical nurses in nursing homes communicate with residents about their treatment.

at designated intervals afterward. The nurse assessment coordinator manages this data collection process from start to finish.

Nurse assessment coordinator and registered nurse Carol Maher of Mission Viejo, California, spends much of her workday interviewing residents and their families. "I'm asking them about their physical comfort, how they feel emotionally, how we've been caring for them," she says.

Coordinators learn a lot about residents during these interviews, including ways to make their stay more enjoyable. Sometimes, even a small change makes a big difference. "It can be as simple as wanting a cup of coffee before getting out of bed," says Serio of the types of suggestions received during assessments. For many residents, a nursing care facility becomes their home—and making the environment more home-like significantly improves their quality of life.

As part of the evaluation process, nurse assessment coordinators review a resident's medical records. They share information with other staff members and work with them to

Nurse assessment coordinators interview residents and identify areas of concern.



develop a comprehensive care plan for each resident.

The team approach to planning care is a key to ensuring effectiveness. "Care can't be in silos, or it won't be efficient," says Maher. If a resident is losing weight, for example, the dietitian, certified nursing assistant, and resident's family might all confer on a solution, such as changing the resident's diet or giving the resident easier-to-use eating utensils.

The assessment process can help identify concerns and foster communication between caretakers, residents, and families. In some cases, the nurse assessment coordinator may have to perform additional assessments.

Coordinators collaborate with other team members in weekly meetings, discussing residents' care to make sure needs are being met. "Our goal is to get people to their highest level of functioning—which might be in a long-term care facility, or it might be in assisted living or back at their own home," says Maher. "We help explore all the options."

Residents are reassessed at least quarterly. Each assessment has a specific deadline, and nurse assessment coordinators must schedule interviews and meetings to hit these target dates.

The specific tasks of a nurse assessment coordinator vary from one facility to another. In some nursing homes, for example, nurse assessment coordinators are the only ones who conduct the initial assessment interviews. In others, the work is shared, with each staff member interviewing residents on topics related to their expertise.

Nurse assessment coordinators might also be responsible for ensuring facility compliance with other Federal and State regulations. And some coordinators have additional nursing or administrative duties.

Nearly all nursing homes have at least one nurse assessment coordinator. In smaller facilities, the director of nursing may perform the coordinator's tasks. Many nurse assessment coordinators have been trained as registered nurses. Others are licensed practical nurses who are supervised by registered nurses.

Employment, outlook, and wages. BLS does not collect data specifically on nurse assessment coordinators. It does, however, have data on registered nurses and licensed practical nurses, two occupations from which nurse assessment coordinators often advance. In May 2009, there were nearly 2.6 million registered nurses of all types, including about 128,000 (5 percent) working in nursing care facilities. And, as mentioned in the previous section, 213,000 of the 729,000 licensed practical and licensed vocational nurses employed in May 2009 worked in nursing care facilities.

Data from the American Health Care Association, however, suggests that relatively few of those nurses worked as nurse assessment coordinators. The association estimates that there were about 11,000 MDS coordinators in nursing facilities in 2008, the most recent year for which data are available.

The employment outlook for nurse assessment coordinators is expected to be very good, according to industry sources. And BLS projects much faster than average growth for

both registered nurses and licensed practical nurses over the 2008–18 decade, which should result in many opportunities for both occupations.

BLS does not collect wage data on nurse assessment coordinators. Industry sources suggest that their earnings range from about $40,000 to nearly $70,000. BLS data show that the median annual wage for registered nurses in nursing care facilities was $57,830 in May 2009, compared with $63,750 for registered nurses in all industries. The highest paid 10 percent of registered nurses in nursing care facilities earned $80,440 or more, and the lowest paid 10 percent earned $42,560 or less. As stated previously, licensed practical nurses in nursing care facilities had a median annual wage of $41,310 in May 2009, with the highest paid 10 percent making $55,890 or more and the lowest paid 10 percent making $31,410 or less.

In most occupations, workers who have more experience typically earn a higher wage than workers with little experience. Nurse assessment coordinators typically have many years of experience, so they may be paid more than other nurses who have less experience.

Education and training. Nurse assessment coordinators are trained as either registered nurses or licensed practical nurses. Therefore, they must meet the requirements of one of these two occupations.

Registered nurses have several training options. They may earn a 2- or 3-year associate degree in nursing; earn a 4-year bachelor's of science degree in nursing; or, if they already have a bachelor's degree in another discipline, complete a 12- to 18-month accelerated program for a bachelor's of science in nursing or a 2-year accelerated program for a master's degree in nursing. (A smaller number of registered nurses earn their credentials through diploma programs at hospitals, which take about 2 to 3 years.)

Licensed practical nurses, as explained previously, usually complete a State-approved program, which typically takes about 1 year.

Both registered nurses and licensed practical nurses must pass a national licensing exam before they may work in the occupation. States may have other requirements for licensure, as outlined by State boards of nursing.

Most nurse assessment coordinators have first worked as a nurse. Experience working in nursing homes is helpful and is sometimes required by employers. Many nurse assessment coordinators learn the details of their positions on the job. Special MDS training and certification are available but are not usually necessary to get a job.

Rewards and challenges

Jobs in nursing homes have both rewards and challenges, say workers—and caring for residents is often at the core of both.

Most workers say some job satisfaction comes from knowing that they make a difference in residents' lives. "The best part of my job is being able to help people who can't help themselves," says Watkins. Maher enjoys taking assessments because it creates opportunities to have a positive impact on treatment. "I find ways to improve every resident's care," she says, "to help each of them become physically better, happier."

Even if workers aren't able to improve residents' lives directly, they still find it gratifying to contribute to a better quality of life. "It's nice to know that people aren't at home,

Nursing home workers know that the care they provide makes a difference in people's lives.



alone, in the dark," says Maher. "They're here conversing, exercising, getting to know other people."

Nursing home jobs also offer advantages not always found in other healthcare settings. For example, long-term care allows staff to develop relationships with the residents they see every day. "In a hospital, patients go home and you never see them again," says Christian. "Here, I'm able to follow the residents through the years. They're like family."

But growing close to residents can have a downside, too. "You get to know people, and they're a part of your life," says Maher. "When they die, it's sad."

Another downside to working in a nursing home is the stress that often comes with it. Many nursing homes are chronically understaffed, resulting in more work to be done than there are employees to do it. Emergencies—such as when a resident falls or shows signs of a life-threatening condition, like a heart attack—are also stressful for staff.

For many nursing home workers, some parts of the job can be unpleasant—for example, cleaning up after residents who are sick or incontinent. Risk of exposure to diseases makes health and safety considerations a priority. Employers often require workers to be vaccinated against viruses, such as influenza or Hepatitis B, and to receive regular training in infection control, first aid, and other topics. And the incidence of injury and illness among nursing home workers is higher than that of workers in other industries.

Jobs in nursing homes, like most in healthcare settings, require around-the-clock scheduling to provide resident care. As a result, workers are needed for shifts that may include nights, weekends, and holidays.

But workers in nursing homes do more than provide routine care. Christian, for example, recently helped to organize birthday parties for two residents who were turning 100. "I just feel like I needed to let them know how

Other work settings for long-term care

Nursing homes are just one of several settings for working with older people and others who need long-term care. Jobs exist in a variety of facilities and in individual homes.

Some settings have special units to care for residents with particular conditions, such as Alzheimer's disease or other forms of dementia. Other facilities specialize in offering care for certain populations; for example, hospice care is available at hospice centers, but it is also available in hospitals, long-term care facilities, and private homes.

Continuing care communities offer services that change as residents' needs evolve. Residents can transition from independent living to assisted living to nursing care as their conditions require.

Assisted living facilities are designed for people who need help with daily living activities but who do not need the skilled medical care provided in nursing homes. Workers in these facilities might help residents with bathing, dressing, eating, and managing their medications.

Independent living facilities are for people who need little or no help with daily living activities. These facilities may, however, provide optional services such as meals, laundry, and social activities.

In-home care is available for people who choose to stay in their own homes and receive the care or services that they need from home health aides, social workers, or other specialists.

Other housing options are similar to independent living facilities. Geared toward a specific population, this alternative is more like a private home but may offer opportunities for socializing or other services. For older people, examples of this type of housing include "senior apartments" and retirement communities.

special they are," she says. "I can't imagine living through all they've lived through."

Workers enjoy listening to residents—even those who may struggle from day to day. "They might not have good short-term memories," says Serio, "but they usually can tell you some really funny and interesting stories about their youth."

Having access to this treasure trove of living history is, for many workers, the best reward of all. "Residents love to talk about their lives," says Christian. "It's great learning from such wisdom."



For more information

Additional information about many of the occupations discussed in this article is in the *Occupational Outlook Handbook*. The *Handbook* is available online at **www.bls.gov/ooh** and in print at many career centers and public libraries.

To learn about State requirements for nursing assistants, licensed practical nurses, and registered nurses, visit the National Council of State Boards of Nursing online. From its Web site, the national board links to the sites of individual State boards of nursing, which have lists of approved training programs and other information on how to qualify for these occupations.

National Council of State Boards of Nursing
111 E. Wacker Dr., Suite 2900
Chicago, IL 60601
(312) 525–3600
info@ncsbn.org
www.ncsbn.org

To obtain a copy of the American Health Care Association study on retention, tenure, and vacancy rates in nursing facilities, contact the association here:

American Health Care Association
1201 L St. NW.
Washington, DC 20005
(202) 842–4444
www.ahca.org

For information about nursing assistants, contact the following organization:

National Network of Career Nursing Assistants
3577 Easton Rd.
Norton, OH 44203
cnajeni@aol.com
www.cna-network.org

For information about licensed practical nurses, contact the following organization:

National Federation of Licensed Practical Nurses, Inc.
605 Poole Dr.
Garner, NC 27529
(919) 779–0046
www.nflpn.org

For information about nurse assessment coordinators, contact:

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400 S. Colorado Blvd., Suite 600
Denver, CO 80246
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www.aanac.org